

NEW EMPLOYEE DATA FORM

To be completed upon offer of employment.

SSN: _____ NAME: _____
Last First Middle Suffix

HOME ADDRESS INFORMATION

ADDRESS: _____ PHONE: () _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PERSONAL INFORMATION

SEX: M _____ F _____ BIRTHDATE: ____/____/____ BIRTHPLACE: _____

HEIGHT: ____' ____" WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

MARITAL STATUS: Single (includes those divorced or widowed) _____ Married (includes those separated) _____

MAIDEN NAME (if applicable): _____ Marriage Date _____

SELF-IDENTIFICATION (Circle one of the codes below):

- A = Asian or Pacific Islander: Includes all persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, this area includes China, Japan, Korea, Samoa, and the Philippine Islands.
- B = Black: Includes all non-Hispanic persons having origins in any of the Black racial groups.
- H = Hispanic: Includes all person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- I = American Indian or Alaskan Native: Includes all persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- W = White: Includes all non-Hispanic persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

OTHER INFORMATION

Are you currently working for another City department? YES _____ NO _____

Have you ever worked for the City of Long Beach before? YES _____ NO _____

If yes, what year? _____ Department: _____

UNION REPORT INDICATOR: If you join the union, do you want them to have access to your address, salary, and classification information? YES _____ NO _____

Have you ever been a member of the Public Employee Retirement System? YES _____ NO _____

If yes, enter the name(s) of the agency(ies) _____

Did you receive a refund on your money? YES _____ NO _____

Have you had any other previous public employment in California? YES _____ NO _____

If yes, enter the name(s) of the agency(ies) _____

Did you receive a refund on your money? YES _____ NO _____

IN CASE OF EMERGENCY NOTIFY

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ WORK PHONE: () _____

DRIVER LICENSE/VEHICLE INSURANCE/OTHER CERTIFICATES

DRIVER LICENSE NO: _____ CLASS: _____ EXPIRATION DATE: _____

VEHICLE INSURANCE POLICY NO: _____ COMPANY: _____ EXPIRATION DATE: _____

ENTER INFORMATION ON OTHER CERTIFICATE(S) IF APPLICABLE:

1. _____	_____	_____	_____
Date Obtained	License/Certificate	Registration #	Date Expires
2. _____	_____	_____	_____
Date Obtained	License/Certificate	Registration #	Date Expires

EDUCATION

HIGH SCHOOL GRADUATE: YES _____ NO _____ GRADUATE EQUIVALENCY DEGREE _____

COLLEGE DEGREE(S): (Enter degree information, if applicable)

1. TYPE OF DEGREE: _____	DATE COMPLETED: _____
MAJOR: _____	MINOR: _____
2. TYPE OF DEGREE: _____	DATE COMPLETED: _____
MAJOR: _____	MINOR: _____
3. TYPE OF DEGREE: _____	DATE COMPLETED: _____
MAJOR: _____	MINOR: _____

LANGUAGE SKILLS

ENTER LANGUAGE AND CODES FOR SPEAKING, READING, AND WRITING IF APPLICABLE.

1. _____	_____	_____	_____	CODE: 0 = NONE 1 = HIGH LEVEL 2 = MED. LEVEL 3 = LOW LEVEL
Foreign Language	Speak	Read	Write	
2. _____	_____	_____	_____	
Foreign Language	Speak	Read	Write	